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MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS		State File No. <u>479</u>	
1. PLACE OF DEATH		County <u>Yuma</u> State <u>ARIZONA</u>		Registered No. <u>96</u>	
Township <u>Yuma</u> or Village <u>Yuma General Hospital</u>		City <u>Yuma</u> No. <u>1</u> St. <u>1</u> Ward <u>1</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurred <u>1</u> yrs. <u>1</u> mos. <u>1</u> ds.		How long in U. S. if of foreign birth? <u>1</u> yrs. <u>1</u> mos. <u>1</u> ds.		How long in State where death occurred? <u>1</u> yrs. <u>1</u> mos. <u>1</u> ds.	
2. FULL NAME <u>Charles E. Springer</u>		(a) Residence: No. <u>Winterhaven, Calif.</u> St. <u>1</u> Ward <u>1</u>		(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Katherine Springer</u> (or) WIFE of <u>June 9, 1897</u>					
6. DATE OF BIRTH (month, day, and year) <u>June 1, 1929</u>					
7. AGE <u>61</u> Years	<u>11</u> Months	<u>23</u> Days	If LESS than 1 day, <u>1</u> hrs. <u>23</u> min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Service Station Operator</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>self</u>					
10. Date deceased last worked at this occupation (month and year) <u>June 1, 1929</u>					
11. Total time (years) spent in this occupation <u>12</u> yrs. <u>8</u> mos. <u>1</u> ds.					
12. BIRTHPLACE (city or town) (State or Country) <u>Lincoln, Nebraska</u>					
13. NAME <u>Johns Z. Springer</u>					
14. BIRTHPLACE (city or town) (State or Country) <u>Indiana</u>					
15. MAIDEN NAME <u>Elizabeth Green</u>					
16. BIRTHPLACE (city or town) (State or Country) <u>Indiana</u>					
17. INFORMANT <u>Mrs. C. E. Springer</u> (Address) <u>Box 246 Yuma, Arizona</u>					
18. BURIAL INFORMATION (Name of cemetery) <u>Desert Fair Memorial Park</u> (Date of burial) <u>June 5, 1939</u>					
19. EMBALMER License No. <u>195</u> Signature <u>O. J. Johnson</u> FUNERAL DIRECTOR <u>The Johnson Mortuary</u> Address <u>Yuma, Arizona</u>					
20. Filed <u>June 5, 1939</u> Registrar <u>Mary A. Whippleman</u> Address <u>905 Orange Ave. Yuma, Arizona</u>					
21. DATE OF DEATH (month, day, and year) <u>June 2, 1939</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 1, 1939</u> to <u>June 2, 1939</u>					
I last saw him alive on <u>June 2, 1939</u> ; death is said to have occurred on the date stated above, at <u>5:30 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u>					
Other contributory causes of importance: <u>High blood pressure</u>					
Name of operation <u>Chloroform</u> Date of <u>June 2, 1939</u>					
What test confirmed diagnosis? <u>Chloroform</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u>June 2, 1939</u>					
Where did injury occur? <u>Yuma, Arizona</u> (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place.					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>High blood pressure</u>					
(Signed) <u>Dr. W. L. Waller</u> M. D. Address <u>905 Orange Ave. Yuma, Arizona</u>					